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MN013301. WASP Gives Gift of Life to Boost Navy Blood Supply
By JO1 Crystal M. Raner, USS WASP (LHD 1)
ON BOARD USS WASP (LHD 1) - Recently, the Bureau of Medicine and Surgery announced the U.S. Navy and Marine Corps' blood supply is running low. During the summer months, military families are enjoying vacations and summer activities, which prevent Sailors and Marines from donating.

To assist in boosting the available blood supply, USS WASP (LHD 1) and members of the Naval Medical Center Portsmouth, Va., hosted a blood drive on board WASP. Their efforts resulted in over 70 pints of blood collected in three hours.

"Holding a blood drive on WASP made it more convenient for Sailors and Marines to take a break from their busy day to donate," said HM1 Teodulo Jove, WASP's lab technician. "It's important eligible people donate blood in support of military treatment facilities and most importantly, to enable us to meet our readiness requirements."

This is the ninth blood drive Jove has coordinated.

"We were hoping to collect 100 units of blood during the three hours Portsmouth staff was on board, but we simply ran out of bags to fill," said Jove. "Regardless of the amount, WASP put a dent in the blood supply shortage."

The much-needed blood gathered during the drive will be sent to various military hospitals around the country within a day of collection.

"Once it arrives at its destination, some of the blood may be used immediately, frozen for storage, or broken down into platelets," said Jove

EM3 Neil Warren was one of the first WASP Sailors to sign up for the blood drive.

"I found it fascinating to know my blood might be used for an important research project," said Warren. "I found out it might soon be possible to learn if someone contracted the AIDS virus within seven days of transmission. My blood might actually save a life one day."

For one Marine, giving blood just seems like the right thing to do.

"My parents raised me to do what I can to help people," said Lance Cpl.

Michael Busbee, who serves aboard WASP. "For me, giving blood is not only my duty, but the 10 minutes I spent with a needle in my arm is far less then the agony one of my fellow Marines might feel if they were injured and didn't have the blood they needed to make it through surgery."

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MN013302. Dental Triage CD Might Save the Mission

By Doris Ryan, Bureau of Medicine and Surgery

GREAT LAKES, IL. - For more than 100 years, the Navy's submarine force has cruised under the world's oceans unseen. For months at a time, the crew becomes a small, self-sufficient, underwater community. Everything they need, the crew takes with them, including, thanks to a new CD under development at Naval Dental Research Institute Great Lakes, all an Independent Duty Corpsman might need to know to treat common dental emergencies.

Submariners will tell you that once they are on patrol, they will avoid at almost all costs surfacing to medically or dentally evacuating a Sailor. The new CD may provide the information an IDC needs to treat a dental emergency, precluding the need for a MEDEVAC.

"The CD, which can be used on any Windows-based computer with a CD player, provides a series of clinical questions, and based on the input and responses, leads to a diagnosis," said Dr. John Simecek, Ph.D., one of the CD's developers at NDRI. "After arriving at a final diagnosis, a library of audio and video clips is available to assist the corpsman with step-by-step treatment procedures."

According to Simecek, the CD is designed to complement the IDC's knowledge and experiences. Suggested treatments use only materials available to the deployed IDC.

A click of a button on the first screen starts a series of multiple-choice questions. The answers become part of a decision tree and the session ends with a diagnosis. The diagnosis screen provides descriptive details and recommended treatments. The IDC can retrieve more information on specific diagnosis and treatments by clicking on the lists on the diagnosis screen. The IDC can compare a clinical case he's treating to images archived in the CD's database. The CD also provides extensive reference material, including a drop-down glossary of terms and diseases.

CDR Kim Diefenderfer, DC, head of NDRI's applied clinical sciences department and the Bureau of Medicine and Surgery's specialty leader for preventive dentistry, thinks the CD will be of great value to the IDC who is the primary medical provider.

"Our field-testing has generated very positive feedback and we anticipate having a product ready for the Fleet within the next year," Diefenderfer said.

For more information, visit NDRI's website at bumed.med.navy.mil/ndri/.

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MN013303. Pensacola Commanding Officer To Be Marines' 'Top Doc'

By Rod Duren, Naval Hospital Pensacola

PENSACOLA, FLA. - The Chief of Naval Operations, ADM Vern Clark, announced recently that RADM (Select) Robert D. Hufstader Jr., MC, commanding officer of Naval Hospital Pensacola, will be the Marine Corps' new top doc. He will be assigned as medical officer to the Marine Corps, Washington, D.C.

He will relieve RADM James Johnson, MC, who takes over as the commander of Naval Medical Center San Diego.

As the Marines' top medical officer, Hufstader will support the mission of Navy Medicine by maintaining a liaison between the Navy Surgeon General

and the Commandant of the Marine Corps, and advise the Commandant's staff on medical and dental matters affecting Marines.

"It's a unique opportunity in Navy Medicine to serve with the nation's elite combat force," said Hufstader. "The opportunity for members of Navy Medicine to serve with the Marines is a commitment and an honor that is unmatched."

Hufstader joined the Navy at 17, serving as a Hospital Corpsman. After doing his stint, he got out of the Navy and went to college to become a doctor.

"They didn't have any commissioning programs for the Medical Corps like they do now," said Hufstader. You had to get out of the Navy and get selected to go to medical school."

Hufstader reported as Commanding Officer of Naval Hospital Pensacola in June 1998. He will be relieved by CAPT Richard L. Buck, MC, who is reporting from the Navy's Bureau of Medicine and Surgery in Washington, D.C.

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MN013304. Jacksonville Youth Get 'Kid Fit'

By CDR Kathy Natoli, Naval Hospital Jacksonville

JACKSONVILLE, FLA. -What are Jacksonville kids doing during their summer off? They're getting fit!

This summer, 200 children ages 5-12 years old, were treated to two half days of Kid Fit 2001. Sponsored by Naval Hospital (NH) Jacksonville and Naval Air Station Jacksonville, Kid Fit is a community outreach activity that teaches children how to stay healthy and keep safe. Commands from NAS Jacksonville and agencies from Duval County participated in the event.

Key to good health is developing healthy habits at a young age. Some of the federal government's Healthy People 2010 health goals include increasing physical activity, conquering obesity, and preventing tobacco use. Kid Fit specifically addresses these three goals, as well as others.

County health department healthcare specialists and Students Working Against Tobacco talked to the kids about the dangers of tobacco and smoking. NH Jacksonville's LCDR Tammy Koch, NC, a pediatric nurse practitioner and LT Kristen Broom, NC, a family nurse practitioner played Food Pyramid Bingo with the children and taught them about a balanced diet. The hospital's dental department demonstrated proper flossing and brushing. The Base Fire Department taught the kids how to "stop, drop and roll" and discussed other fire prevention and safety issues. An Ident-a-Kid pack was prepared on each child by base security and the Naval Criminal Investigative Service.

"If we teach our children while they're young, they will learn skills they can use for a lifetime," said LT Nancy Johnson, NC, from NH Jacksonville. "We're pleased with the willingness of agencies from NAS Jacksonville and Duval County to help us. There is truly a commitment to fostering a healthy and safe community here."

Kid Fit 2002 is already in the planning.

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MN013305. "Accidental" Dental Technician Loves His Profession

By JO2 Brian Johnson, USS WASHINGTON (CVN 73)

ON BOARD USS WASHINGTON (CVN 73) - Nearly seven years ago, 24-year-old DT2 (SW) Eric Jackson was looking for something to do after high school. The only thing he knew he wanted for sure was to leave town.

"I was headed down the wrong road," Jackson said. "Most of my friends are in prison for everything from drug trafficking to larceny. There was no future in Kansas City (Mo.) for me."

And one day, he joined the Navy. Don't ask him why. To this day, he can't tell you. And maybe the military wasn't so sure about him, either.

"I was at the MEPS [Military Entrance Processing station], and the Marine Corps recruiter was all upset because he thought I was going to come in and see him," Jackson said.

Once Jackson joined the Navy, he was sidetracked from his original thought of which rating he wanted to go into.

"I really wanted to be a corpsman because my grandfather was a corpsman during World War II," said Jackson. "I was told the rating was full, but there was something similar. Now that I know the difference, I wouldn't change a thing."

So why has this seven-year veteran, who just wanted to get away from home and was waylaid from his original rating preference, stuck around so long?

"It's the best job in the world," Jackson said.

But there is more to it than the love of the job.

"I enjoy the fact that my mom is proud of what I do and that my brother takes pictures of me in uniform to show off and brag about me. I guess it's personal pride and family pride that has helped convince me I'm doing the right thing."

Jackson loves the Navy, and according to Jackson's chief, the Navy is happy he's "in."

"He's a very resourceful and excellent worker," said DTC(AW/SW) Debra Chambliss. "He's assigned as the 3-M coordinator and departmental DCPO and he still does dental things, including cleanings, and chair-side services. He's our everything guy. Our 'can do' guy."

The part of the job Jackson loves the most is something he doesn't get to do very much since being promoted to second class.

"I enjoy people and patient care, which I really don't get to do anymore," he said. "Right now I'm the damage control petty officer and departmental 3-M coordinator. It's a lot of paper work. I need to be in there sucking spit, and helping out with patients."

When Jackson started out in the Navy, he had few plans. But now, he's already looking toward his retirement - 13 years away. And in the interim, he's got goals.

"I would like to run my own clinic or command someday," he said. "I think it's an attainable goal. In fact I think I can start doing it in the near future."

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MN013306. NSHS Portsmouth Volunteers Fight Crime

By HM2 William McIlvain, NSHS Portsmouth

PORTSMOUTH, VA. - Naval School of Health Sciences Portsmouth's HM1 Michael Harris and HM2 Sean Pope may not wear capes and drive modernistic fast cars, but they're crime fighters, all the same.

Both volunteer during their off duty time as law enforcement officers. Harris, a pharmacy technician instructor, has served as an auxiliary uniform patrolman for the City of Suffolk for the past two and a half years. Pope, the leading petty officer of materials management, has served one year as a deputy sheriff for the City of Portsmouth in the marine patrol and criminal apprehension units.

Volunteering as a police officer requires a significant time investment. In addition to service in the field, volunteer officers complete reports, appear in court and attend 20 hours of field training each month to maintain certification.

"I like the challenge, and it benefits the City of Portsmouth," Pope said of his volunteer work. Their community service would not be possible without the support of their families, something for which they are both are grateful.

Pope's wife, Dorothy, also serves as a volunteer police officer.

The time spent serving as police officers also benefits the Navy. Pope says being a police officer helps him in his duty at Portsmouth Naval Medical Center security. Both Harris and Pope say their leadership and decision making skills are honed by their volunteer work.

Harris and Pope completed 480 hours of training at the Virginia Police Academy during their off-duty time before they began their volunteer work.

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MN013307. Have a Shot for Health's Sake

By JO2 Duke Richardson, NMC Portsmouth

PORTSMOUTH, VA. - Sailors and Marines who take the proper steps to maintain their physical health should know that immunizations are key elements of preventive medicine.

"National Immunization Awareness Month" is celebrated each August, and serves as a reminder that Sailors, Marines and their families should ensure that shot records are up to date. Then they can rest easy knowing that their health, and the health of their loved ones, is being safeguarded.

According to the National Partnership for Immunization (NPI), vaccinations improve the health and quality of life for people of all ages.

As parents prepare to send their children back to school, and with flu season just around the corner, now is the time to get those immunizations.

According to LCDR Rachel Haltner, MSC, product line leader for immunizations at Naval Medical Center Portsmouth, the development of immunizations represents a milestone in the health of the American public.

"It is one of the greatest health achievements of the 20th century," Haltner said. "It is a small investment that reduces the chances of people contracting very serious illnesses that may possibly kill them."

She added that vaccines have virtually wiped out smallpox, poliovirus, measles, diphtheria, rubella, pertussis (whooping cough) and a host of other potentially fatal diseases.

But despite this, there are still thousands of people in the U.S. dying from these, and other vaccine-preventable diseases.

"That's why increased awareness about the immunizations is so important today," said Haltner. "We still have people getting sick and dying from diseases they don't have to suffer from. The best way to protect yourself, your family and the community, is to make sure all vaccinations are current."

The NPI recommends babies be vaccinated at birth, and that a vaccination program should continue for them throughout life. Some vaccines only require one shot, others may have to be administered in multiple steps with a "booster" shot every few years.

"Some concerns a person may have about immunizations could be based on myths or rumors, so if you have any questions regarding a vaccine, be sure to ask your health care provider," said Haltner.

Getting immunized is a life-long, life-protecting community effort, regardless of race, sex, age, ethnic background or country of origin.

For information on the Department of the Navy's policy and guidance on immunizations, go to www-nehc.med.navy.mil/prevmed/epi/immunmain.htm.

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MN013308. Reservists' Points and History to Be Available On Line

NEW ORLEANS, LA. - Naval Reservists in Navy Medicine will soon be able to view their Annual Retirement Point Records (ARPR) and Annual Statements of Service History (ASOSH) online in a secure environment, 24 hours a day, seven days a week.

The Naval Reserve Personnel Center in New Orleans has initiated a

website, www.nrpcweb.nola.navy.mil that will allow online viewing of the above information. The new service will be available to Selected Reservists, Individual Ready Reserve members, retired Reservists without pay (those who retired within the past five years) and Naval Reserve Activity administrators.

To access the site, members must log on to the BUPERS online secure portal at www.bupers.navy.mil. With the advent of the ARPR and ASOSH on line, mailing of paper copies will eventually be eliminated.

The on line service is scheduled to be available in early Fall.

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MN013309. HealthWatch: Anaphylaxis: What a Shock!

By Aveline V. Allen, Bureau of Medicine & Surgery

You're on summer vacation and the family wants to eat at the restaurant they went to last week. You agree - the restaurant had been freshly painted, the aroma of peach-scented candles wafted through the air, and the seafood salad was wonderful.

The family orders the salad again - but then, just as the meal begins, your son breaks out in itchy hives, begins coughing and has trouble breathing, and seems dizzy and confused.

What caused this reaction? Was it the seafood? The fresh paint? The peach-scented candles?

This is more severe than just a "normal" allergic food reaction. It may be a life-threatening type of reaction known as anaphylaxis, an acute systemic (whole body) type of allergic shock that occurs when a person's immune system thinks that a certain substance is a threat to the body.

The threat does not necessarily have to be eaten. In this case, it could have been the fresh paint, the peach-scented candle or the seafood salad. And just because there was no reaction the first visit to the restaurant doesn't mean it was "safe." According to CAPT Lorenz F. Lassen, MC, director of reparative services at Naval Medical Center, Portsmouth, Va., anaphylaxis occurs when a previously sensitized person is again exposed to the food, chemical or other substance. This second exposure causes what he calls an "immune-mediated type of reaction."

Symptoms of anaphylaxis, which often develop within seconds or minutes, include hives, itching, nasal congestion, blueness or redness of the skin, fainting or light-headedness, dizziness, anxiety, slurred speech, confusion, rapid or weak pulse, heart palpitations, nausea, vomiting, diarrhea, abdominal pain, wheezing, and difficulty breathing that often results in high-pitched sound.

"The systemic symptoms are acute - urticaria (hives), respiratory distress and vascular collapse are caused by smooth muscle contraction and vascular dilation with escape of plasma into the tissues and lungs from the blood vessels," Lassen said. "The resulting decrease in effective plasma volume and fluid in the lungs may produce shock and breathing difficulties."

People who may be at particular risk include those who have a prior history of various types of allergic reaction.

Anaphylaxis can be triggered by many types of allergens. Common allergens include insect bites and stings; horse serum, which is used in some vaccines; and foods and drugs. Most health care professionals believe pollens and other inhaled allergens rarely cause anaphylaxis. And sometimes, health care professionals may never be able to identify the cause of a patient's anaphylaxis.

Although anaphylaxis is rare, it is life-threatening. It requires immediate professional medical attention. In some cases, CPR and additional lifesaving measures may be required.

Treatment includes injection or inhalation with epinephrine, a drug that opens airways and elevates the blood pressure by constricting blood vessels. Treatment for shock includes intravenous fluids and medications that support the actions of the heart and circulatory system.

Once lifesaving measures and epinephrine are given, antihistamines and corticosteroids may be given to further reduce symptoms.

Although symptoms may be resolved with immediate treatment, Lassen recommends that a Medic Alert bracelet be worn by those who have suffered from anaphylaxis in the past to help medical professionals decide which treatment will be most effective for a person should they be brought in for emergency treatment. He had additional recommendations for those who react to stings.

"Any patient with an anaphylactic reaction from an insect sting should be provided with a kit containing pre-filled syringe of epinephrine," he said.

If you or any of your family members develop any symptoms associated with anaphylaxis, call 911 immediately and get to the nearest emergency room.

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